FEC FORM 1

2016 - 06 - 09 - 0M - 00076956

STATEMENT OF **ORGANIZATION**

2016 JUN -9 AM 7: 07

			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
LINDIANA REI	PUBLICAN A	15,5,EMBLY, 15,U	BER PAC
ADDRESS (number and street)	190 BOX 172	1(1111111	
	CITY A	<u>, v, E, , , , , , , , , , , , , , , , , </u>	STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	J.D.M. 1, N. 1, E, A, R	61 NRA 50 PER	P.A.C.O.M.
, ,	Optional Second E-Mail Ad	the state of the s	
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COMMITTEE'S WEB PAGE AD	DRESS (URL)		
(Check if address is changed)	WWW. INRAS	N.P.E.R.P.ACGO	M.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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2. DATE 00 00 00 00 00 00 00 00 00 00 00 00 00	3 276		
3. FEC IDENTIFICATION NU	JMBER ▶ CC	0,522414	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	JD MIN	IEAR	
Signature of Treasurer	B) Mine	ar	Date 06'03'2016
NOTE: Submission of false, errone		may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	CCL CUBW I

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5. TYPE OF COMMITTEE Candidate Committee:	
Candidate Committee:	
· · · · · · · · · · · · · · · · · · ·	
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign c information below.)	committee. (Complete the candidate
Name of Candidate	
Candidate Office House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorize	d committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization of	on line 6.) Its connected organization is a
Corporation Corporation w/o Capital Stoc	k [] Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NO committee. (i.e., nonconnected committee)	T a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6	5.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses no committees/organizations, at least one of which is an authorized committee of a fe	
(h) This committee collects contributions, pays fundraising expenses and disburses ne committees/organizations, none of which is an authorized committee of a federal care.	
Committees Participating in Joint Fundraiser	
1.	nber C
2.	
3.	
4. FEC ID num	nber C

6. Name of Any Con	nected Organization, Affiliated Committee, J	oint Fundraising Representative	e, or Leadership PAC Spor
			<u> </u>
Mailing Address			
			111111
	CITY	STATE	ZIP CODE
Relationship: C	Connected Organization Affiliated Committee	Joint Fundraising Represent	tative Leadership PAC
		· · · · · · · · · · · · · · · · · · ·	
books and records.	rds: Identify by name, address (phone numbe		person in possession of co
Full Name	_	1.	<u> </u>
Mailing Address	[P101 B4X 17211		
			111111
	BEECH GROVE	111111111111111111111111111111111111111	461011-
Title or Position	CITY	STATE	ZIP CODE
(CUS, tO, D)	IAN OF RECORD	Telephone number	3,671-14481-17.
	name and address (phone number optional) at (e.g., assistant treasurer).	of the treasurer of the committee	e; and the name and addre
Full Name of Treasurer	D MINIEAR		
Mailing Address	190 BOX 721	· · · · · · · · · · · · · · · · · · ·	1.
			<u> </u>
·	BEECH GROVE		146, (0,7-1)

CITY

REPUBLICAN ASSEMBLY SUPER PAC

Page 3

ZIP CODE

B17-448-17988

STATE

Telephone number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Title or Position

TIREASURER

NDIANA

FEC Form 1 (Revise	d 02/2009)		Page 4
Full Name of Designated Agent	E LANTZ		
Mailing Address	PO ROX 721		
·	BEECH GROVE	STATE	ZIP CODE
Title or Position MCD 1.A. D1.R.	ECtor,	Telephone number	17-1628-18864
Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, or		hich the committee deposits	funds, holds accounts, rents
REG	LONS BANK	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Mailing Address	3820 S EMERSON	1 AUF	
	LNDIA LA POLLS	· · · · · · · · · · · · · · · · · · ·	46, 203-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
		·	· · · · · · · · · · · · · · · · · · ·
Mailing Address			
		1 1 1 1 1 1 1 1 1	
·		ليا ليتب	
	CITY	STATE	ZIP CODE

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BEECH GROVE, IN 4610-Po Box 721

INRA SUPER PAC

Federal ElecAon

Washing to n DC 20463



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